

Richard W. Cohen, M.D., P.C.
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TO: William Taylor, Esq.

RE: psychiatric evaluation on Hortense E Tippet

The Patient is a 76 year-old female who's been evaluated for competency on the date of 5/26/2024 by telemedicine. She, according to the history, has been deteriorating for about the past eight years with deficits in her memory and not being able to do her activities of daily living as she could before and she is becoming more agitated and hostile,. She is becoming more dependent on other people. When Covid came, things got worse in that she stopped going out of the house very much and she hasn't left the house apparently in a year. When her brother died two years ago, she got worse and she deteriorated more. She was drinking alcohol every day for the past 30 years; it got up to a fifth of alcohol a day. Because her brother, who was schizophrenic, died, her alcohol supply stopped and she stopped drinking. . She stopped using it two years ago and hasn't used alcohol since. She has been sober for two years. She has been diagnosed with diabetes and hypertentension; she has been in denial about having these illnesses. Dangerously, she does not take any medications for these conditions. She's incontinent and she's getting dark pigmentations on her skin for the past year. She hasn't gotten any lab test in over a year. She has been mainly withdrawn and secluded, staying in her house. She has stopped doing her activities of daily living and she doesn't cook, clean, do laundry, pay her bills or bathe herself. She stays mostly in her room. She doesn't maintain the residence. She hasn't driven in in over 20 years and she doesn't take public transportation at this time. She has a great deal of problems with sleep onset, middle insomnia, and early a.m. awakening. Her appetite, energy and concentration are poor. She's withdrawn and secluded and her mood is irritable. She presents with all the symptoms of depression but she denies being depressed; in fact, she denies any psychiatric problem, but she's dependent on other people doing things for her. She is in denial that she has any past psychiatric history. She thinks she functions independently. She denies taking any psychotropic medications. According to her niece, there is one place in her medical history where it indicates that she was has been depressed.

Past medical history shows her to have diabetes, hypertension and ankle surgery from a fall many years ago. She denies allergies to medications. Her social history shows she has never been married. She has a 58 year old son who has been living with her since 2004. She had a significant other who died in 2004 in an accident, but she said she does not feel sad about this. She graduated South Philly high school with fair grades in regular education and she had some college. She worked for City Hall and Quartermasters for about two years after high school and she worked for the Social Security ministration getting up to a managerial position and she stopped working after being there 35 years. She was able to retire on her pension. She admits to her alcohol dependency in the past but she denies any drug use. Family history shows her brother has schizophrenia. This was the brother who is living with her until he died two years ago.

Mental status exam shows the above the patient to be a 76 year-old female who denies she has any psychiatric problems. Her answers are mostly goal-oriented, but she gets agitated at times inappropriately during the examination. She denies having been depressed but she has all the neurovegetative signs of depression and she has an irritable mood. She denies any hallucinations, delusions, ideas of reference, thought insertion or thought broadcasting. She's oriented to person and

place, but not exact time. She didn't know it was Memorial Day weekend. Her 5 minute recall is 0 out of three. Her mini mental status quotient is 7 out of 10. Her answers are mostly oriented, but she got agitated at times inappropriately during the examination. She did not know the exact date and she did know the president of United States or the president of the United States before him. Her digits spans are seven and her proverbs are concrete. Her insight and judgment are both poor. She denies any suicide or homicide ideation plans or intent.

My diagnostic impression is mild organic brain syndrome and rule out depression. The mild organic brain syndrome could be secondary to alcohol abuse for many years, pseudo-dementia, or secondary to medical problems. She has marked deficits in utilizing and applying information because of her deficits, and her memory is very poor. Her social functioning with her dependency, agitation and avoidance behavior is also markedly impaired. Her concentration, persistence, and pace is markedly impaired because of her lacunar deficits in memory. Her adapting and managing herself is also markedly impaired because of her poor activities of daily living and her dependency.

It's very important that she gets medical care, but because of her denial and her deficits in memory, she's not getting treated for her diabetes and hypertension; these need to be stabilized. She also needs a dementia workup to see if any her dementia symptoms are reversible. Her decision-making is very poor and I recommend she needs someone to make decisions for her. She has marked functional impairment in 4 basic areas of functioning: utilizing and applying information, social functioning, concentration, persistence and pace, and adapting and managing herself. Therefore, she is very emotionally and mentally disabled.

Sincerely,

Richard W. Cohen, M.D.
Diplomat, American Board of Psychiatry and Neurology

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